

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicants: Ravi Chandran and Daniel J. Marchok

Application No.: 10/019,617 Group: 2626

Filed: May 28, 2002 Examiner: James S. Wozniak

Confirmation No.: 6430

For: Coded Domain Noise Control

Mail Stop RCE  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment and Request for Continued Examination for filing in the above-identified application.

- Small entity status of this application under 37 CFR 1.9 and 1.27 has been established by a Small Entity Statement previously submitted.
- A Small Entity Statement to establish small entity status under 37 CFR 1.9 and 1.27 is enclosed.

**The claims fee has been calculated as shown below:**

			SMALL ENTITY		OTHER THAN SMALL ENTITY	
			RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
TOTAL	66	MINUS	* 66	0	X \$ 25	\$ [ ]
INDEP	4	MINUS	** 4	0	X \$105	\$ [ ]
<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM			+ \$185	\$ [ ]	+ \$370	\$ [ ]
			TOTAL = \$ [ ]		TOTAL = \$ [ ]	

\* not fewer than 20  
\*\* not fewer than 3

**The Application Size Fee has been calculated as shown below:***(Effective for cases filed on or after December 8, 2004)*

Actual Sheets (Including current amendment)	Highest No. of Sheets Paid For (At least 100)	No. of Additional Units Required (Increments of 50 sheets)	SMALL ENTITY		OTHER THAN SMALL ENTITY	
			Rate	Total Amount Owed	Rate	Total Amount Owed
			X \$130	\$[ ]	X \$260	\$[ ]

Payment  
Sufficient for  
up to  
[ ] Sheets

**Petition for Extension of Time**

Applicant hereby petitions to extend the time to respond to the [ ] dated [ ] for [ ] month(s) from [ ] to [ ]. The appropriate fee is set forth below.

[For action-specific language in an extension of time, select the appropriate option from the Firm Templates]

**Please charge Deposit Account No. 08-0380 for the following fees:**

<input type="checkbox"/>	Petition for [ ] month Extension of Time	\$ _____
<input type="checkbox"/>	Claims Fee	\$ _____
<input type="checkbox"/>	Application Size Fee	\$ _____
<input checked="" type="checkbox"/>	Other Fees:	_____
	Request for Continued Examination	\$ 810
		\$ _____
		\$ _____
		<b>TOTAL:</b> \$ 810
		_____

**A check is enclosed in payment of the following fees:**

<input type="checkbox"/>	Petition for [ ] month Extension of Time	\$ _____
<input type="checkbox"/>	Claims Fee	\$ _____
<input type="checkbox"/>	Application Size Fee	\$ _____
<input type="checkbox"/>	Other Fees:	_____
		\$ _____
		\$ _____
		\$ _____
		<b>TOTAL:</b> \$ _____
		_____

Please charge any deficiency or credit any overpayment in the fees that may be due in this matter to Deposit Account No. 08-0380.

Respectfully submitted,

HAMILTON, BROOK, SMITH & REYNOLDS, P.C.

By /Mary Lou Wakimura, Reg. No. 31804/  
for Mark B. Solomon  
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Dated: October 1, 2008